

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 107088758

Filing Date

Applicant(s)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
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14					64					
15					65					
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32					82					
33					83					
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35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.					TOTAL IND.	2				
TOTAL DEP.					TOTAL DEP.	20				
TOTAL CLAIMS					TOTAL CLAIMS	22				